

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

(No. 808 1/2 E. 10th St.

File No. 36717
Registered No. 4640
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 808 1/2 St. E. 10th Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Mallory
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1842
7. AGE YEARS 91 MONTHS 6 DAYS 5
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Clarksville
(STATE OR COUNTRY) Tenn.

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) _____

15. MAIDEN NAME Elizabeth Collins

16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) _____

17. INFORMANT C. S. Mallory
(ADDRESS) 825 1/2 E. 10th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Estbridge, Kans. DATE Nov. 27, 1933

19. UNDERTAKER Adkins Bros.
(ADDRESS) 2000 E. 12th

20. FILED Nov 26, 1933 M. M. Corone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Nov 21, 1933

I last saw him alive on Nov 21, 1933. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Heart Failure Date of onset 11-33

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Frank B. Evans, M. D.

(Address) 804 Apple Tree

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Dr. Fred Grant
June 1944